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To: U.S. Patent and Trademark Office – From: Christian R. Andersen
Examiner: Mehdi EMADADI Sr. Paralegal – Intellectual Property
Group Art Unit: 2663

Fax: 703-872-9306

Pages
with 19
Cover:

FORMAL SUBMISSION OF:

- 1) Transmittal Form; and 2) Amendment

Title: METHOD AND APPARATUS FOR DETECTING UNRELIABLE OR
COMPROMISED ROUTER/SWITCHES IN LINK STATE ROUTING
Serial No. 09/533,467
Filing Date: March 23, 2000
First Named Inventor: BURCHFIEL
Atty. No. 99-442

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the above-referenced documents are facsimile transmitted to the Patent and Trademark Office on the date shown below:


Christian R. Andersen

Date of Transmission: March 17, 2004

In re Application of:

BURCHFIEL ET AL.

Application No: 09/533,467

Filed: March 23, 2000

Docket No. 99-442

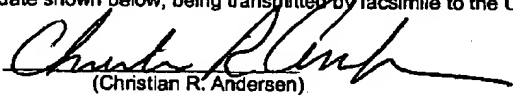
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Group Art Unit: 2663

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For: METHOD AND APPARATUS FOR DETECTING
UNRELIABLE OR COMPROMISED
ROUTER/SWITCHES IN LINK STATE ROUTING

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))	
I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the United States Patent Office at 703-872-9314.	
Dated: March 17, 2004	Signature:  (Christian R. Andersen)

MAIL STOP - NON-FEE AMENDMENT
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
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Sir:

Transmitted herewith is an amendment in the above-identified application.



No additional fee is required.


The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**			
	23		23	0	\$9 \$18	\$00
INDEP. CLAIMS	*	MINUS	***	=	x \$43 \$86	\$00
	7		7	0		
Fee for Multiple Dependent claims \$145 ⁰ /\$290						\$-0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 07-2347. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 07-2339 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 07-2347. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Respectfully submitted,


Joel Wall
Reg. No. 25,648

Date: March 17, 2004

c/o Christian R. Andersen
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